



**Northern California Veterans Cemetery**  
**Eligibility for Burial Benefits Determination**

PO Box 76 - 11800 Gas Point Road Igo, California 96047-0076  
(866)-777-4533 (toll free)

**REQUEST TYPE** (Check all that apply)

☐ Veteran ☐ Pre-need  
☐ Spouse ☐ Need

**INTERMENT TYPE**

☐ Cremation ☐ Casket  
☐ Undecided

**VETERAN'S INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Gender ☐ Male ☐ Female Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Legally Separated

**SERVICE RECORD** (A copy of Form DD-214 or equivalent discharge documents MUST be included with this form)

Branch of Service \_\_\_\_\_ Highest Rank \_\_\_\_\_

Date of Entry into Active Service \_\_\_\_\_ Date of Separation \_\_\_\_\_

**CONTACT INFORMATION** (Who should be contacted about this form)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

Relationship to Veteran \_\_\_\_\_

**SPOUSAL INFORMATION** (Complete for Spousal pre-registration; copy of Marriage License MUST be included)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Spouses Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

If Spouse is a Veteran please submit a separate application

**AUTHORIZATION**

I hereby certify under penalty of perjury that the information contained in this application and supporting documents is given for the purpose of obtaining burial benefits and is true, correct and complete. I authorize the California Department of Veterans Affairs (CDVA) employees, officers and designees to verify these documents. I hereby authorize the U.S. Department of Veterans Affairs and the Department of Defense to release information regarding my service to the CDVA with the understanding that benefits may be denied if any information is found to be incomplete or inaccurate.

Veterans Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Or person authorized to act on the veteran's behalf)

Spouses Signature \_\_\_\_\_ Date \_\_\_\_\_

*For Cemetery Use Only*

☐ Approved ☐ Denied: \_\_\_\_\_ ☐ Letter Sent

**This form is required to assist the Cemetery in determining eligibility for burial in the Northern California Veterans Cemetery. The form is required at the time of need or may be used for a pre-need determination.**

Pre-need determination allows a veteran to establish in advance, his/her eligibility for interment at the Northern California Veterans Cemetery. There is no cost for pre-need determination and it does not obligate the veteran to be interred at the cemetery. Pre-need determination is intended to simplify and assist the veteran's next-of-kin at the time of death.

Eligibility determinations shall be made in accordance with federal regulations (38 CFR 38.620) or state regulations (CCR Title 12 Sec. 460-461)

There will be an interment fee for eligible spouses and dependent children at the time of need. Associated funeral expenses are incurred by the veteran and/or family.

Please complete the application as instructed below:

- "Request Type" Check all appropriate boxes – Is the determination for the Veteran and/or Spouse? Is this application for a pre-need determination or an at-need determination? Select the Interment Type.
- Complete the "Veteran's Information" and "Service Record" sections of the form. Please note that the "Service Record" information listed on this application is not in lieu of providing the Cemetery with a copy of Form DD-214 or other equivalent discharge document. A copy of either of these documents MUST be included when submitting this application. Failure to provide the required service record document will delay processing the application.
- Complete the "Contact Information" with either the veterans contact information or the family member who will be able to assist the Cemetery in the event more information is needed.
- Complete the "Spousal Information" if the eligible spouse wishes to be interred in the Veterans Cemetery. A copy of the Marriage License MUST be included when submitting this application. Failure to provide a copy of the Marriage License will delay processing.
- In certain circumstances, dependent children may also be eligible for interment. Please contact the Veterans Cemetery Office for more information regarding dependents.
- The person completing this application should sign and date the form. Please indicate the relationship to the veteran. It is recognized that in certain cases the veteran may require assistance and not be the individual completing the application.

For questions or further information, please call (866) 777-4533. Mail the completed application and a copy of Form DD-214 or other equivalent discharge document to:

**Northern California Veterans Cemetery**  
**PO Box 76 - 11800 Gas Point Road, Igo, CA 96047-0076**  
**(866) 777-4533**

#### **PRIVACY NOTIFICATION**

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. The California Department of Veterans Affairs, Veterans Services Division, is requesting the information for the purposes of identification, and to determine eligibility for benefits under the provisions of California Code of Regulations Title 12 §461. The Administrator, Northern California Veterans Cemetery administers the program (contact information listed above). Individuals may visit the cemetery to review their personal records during normal business hours. Providing the requested information is voluntary. Failure to provide the requested information may result in the delay, or denial of benefits.